

Teacher Licensure Unit (TLU)
Registration Form - Teacher Licensure Services
More at Four (MAF) Teachers
Nonpublic Schools

INSTRUCTIONS

Any More at Four teacher meeting the criteria listed below must register with the Teacher Licensure Unit (TLU). Please complete and submit the attached **Registration Form** to the TLU by: E-mail (Cassandra.silver@ncmail.net) or postal mail. Please keep a copy for your records.

OSR/TLU – MAF Teachers in Nonpublic Schools
Cassandra Silver, Licensing Specialist
2075 Mail Service Center
Raleigh, NC 27699-2075

If you need assistance or have questions about the information requested, please contact Cassandra at Cassandra.silver@ncmail.net 919/981-7308 or Cindy Wheeler at cindy.wheeler@ncmail.net or 919/981-5382.

For an explanation of licensure terms used in this **Registration Form** please see the **Teacher Licensure Glossary**.

If you meet the following criteria, please continue with the Registration process on the following page. Once your **Registration Form** is received by the TLU, your eligibility or readiness to participate in the Lateral Entry and/or the Beginning Teacher Support Programs will be determined and prioritized. The TLU will inform you, your site administrator, and local MAF contractor about the next steps in the Teacher Licensure process. We will also contact your higher education advisor, if you are currently working with a university or NC Regional Alternative Licensing Center.

Please review the other materials included in this web link, which provide an overview of the Beginning Teacher Support Program (for teachers with initial licensure: B-K Standard Professional 1 or Lateral Entry Provisional B-K) and the Lateral Entry Teacher Program (for teachers with Lateral Entry Provisional B-K Licensure).

Once you are notified of your eligibility to participate you will be required to complete a teacher licensure packet, which we will send to you, if you do not have a B-K SP 1 or 2 license. If you have a B-K SP 1 license, you will receive information about the BTSP.

- ☐ Work in a nonpublic school MAF classroom (private child care center or Head Start Program (may or may not be operated by the public schools)
- ☐ Attained at least a BA/BS degree from a regionally accredited institution with an overall minimum 2.5 GPA

- ☐ LETP
☐ BTSP
☐ Licensure Renewal
☐ Expired or other
☐ Other License

Registration Form

More at Four Teachers in Nonpublic Schools

Birth-through-Kindergarten Teacher Licensure and Beginning Teacher Support Program (BTSP)
(A Teacher Licensure Packet will be mailed to qualified teachers at a later date.)

Section I-More at Four Teacher Information	
Date _____	County _____
First Name _____	Middle Initial _____ Last Name _____
Home Mailing Address _____ City _____ Zip Code _____	
Home Phone Number _____ Cell Phone Number _____	
E-Mail Address _____	
Section II-Facility Information	
Are you employed in a <input type="checkbox"/> Private Child Care Center or <input type="checkbox"/> Head Start More at Four classroom? <input type="checkbox"/> Yes. If yes, please complete Sections II, III, IV, and V. <input type="checkbox"/> No. If no, please contact your Local Education Agency (school system).	
Program Site _____ Star Rating _____	
Program Administrator Name _____	
Mailing Address _____ City _____ Zip Code _____	
E-Mail Address _____ Phone Number _____ Fax _____	
Section III-Education and Licensure Information (B-K or Preschool Add-On License)	
Degree: BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> EdD/PhD <input type="checkbox"/> Major: _____	
University/College: _____	
NC Teacher's License? <input type="checkbox"/> Yes (Attach a Copy) <input type="checkbox"/> Other State's Teacher's License (Attach Copy) <input type="checkbox"/> No	
If yes, have you completed a Beginning Teacher Support Program (BTSP) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> If yes, attach your <u>most recent</u> Teacher Performance Appraisal Instruments [TPAI] and Individual Growth Plans [IGP].	
Section IV-B-K Licensure Status (Less than a B-K or Preschool Add-On License)	
If you do not have a B-K License are you enrolled in an accredited B-K licensure Program with a College or University/ Institution of Higher Education (IHE)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the name of the School and IHE Advisor _____ Phone Number _____	
Are you affiliated with a NC Department of Public Instruction Regional Alternative Licensing Center (RALC)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, RALC Region _____ Site Coordinator _____ Phone Number _____	
Do you have a Plan of Study or Licensure Only Plan ? <input type="checkbox"/> Yes (attach a copy) <input type="checkbox"/> No	
If yes, have you completed all of the required coursework in your Plan of Study or Licensure Only Plan ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, how many semester credit hours do you need in order to complete your Plan of Study or Licensure Only Plan ? _____	
Do you currently have a T.E.A.C.H.® Scholarship ? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you receiving a WAGE\$® Supplement ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section V-Professional Development (You may mail these under separate cover at a later date)	
Please check <input checked="" type="checkbox"/> and attach documentation (training certificates) to support the following professional development activities completed since January 2007.	
<input type="checkbox"/> Foundations: Early Learning Standards Level I <input type="checkbox"/> Foundations: Early Learning Standards Level II	
<input type="checkbox"/> Instructional Planning: Essential Elements of Effective Preschool Teaching and Learning	
<input type="checkbox"/> Classroom and Behavior Management (Emotional/Social Development)	
<input type="checkbox"/> Curriculum Planning <input type="checkbox"/> Developmental Screening	
<input type="checkbox"/> Ongoing/Instructional Assessment <input type="checkbox"/> Other (please list and attach documentation)	
<input type="checkbox"/> Content Specific (ex: Literacy, Family Involvement, Math/Science, Outdoor Environment, or Inquiry Based Learning)	

Please submit your Registration Form to the NC Office of School Readiness
2075 Mail Service Center, Raleigh, NC 27609-2075 or to Cassandra.silver@ncmail.net (Cassandra Silver).